

P1700000/016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200308278422

01/29/18--01018--030 \*\*35.00

2018 MAR 19 PM 3:10

MAR 20 2018  
C McNAIR

JAN 31 2018

#483,10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2018

DAVID P REINER, II, ESQ.  
REINER & REINER PA  
9100 SOUTH DADELAND BLVD #901  
MIAMI, FL 33156

SUBJECT: ACQUATERIA INC  
Ref. Number: P17000001016

We have received your document for ACQUATERIA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 918A00002081

RECEIVED  
18 MAR 19 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

2018 MAR 19 PM 3:10

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **ACQUATERIA INC**

Name of Corporation

**DOCUMENT NUMBER:** **P17000001016**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DAVID P REINER, II, ESQ.**

Name of Contact Person

**REINER & REINER PA**

Firm/Company

**9100 SOUTH DADELAND BLVD #901**

Address

**MIAMI, FL 33156**

City/State and Zip Code

**dpr@reinerslaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAVID P REINER II**

Name of Contact Person

at **(305) 670-8282**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, ~~617.0502~~, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACQUATERIA INC
2. The principal office address: 10130 NORTHLAKE BLVD STE. 214  
WEST PALM BEACH, FL 33412
3. The mailing address (if different): 10130 NORTHLAKE BLVD STE. 214  
WEST PALM BEACH, FL 33412
4. Date of incorporation/qualification: 01/04/2017 Document number: P17000001016
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DAVID P REINER, II

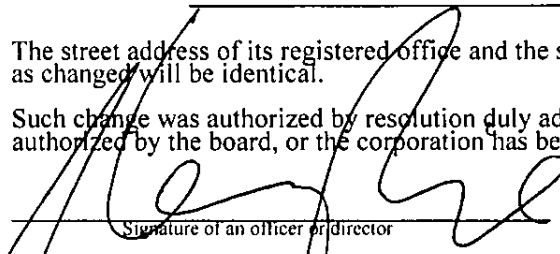
9100 SOUTH DADELAND BLVD SUITE 901

P.O. Box NOT acceptable

MIAMI, FL 33156

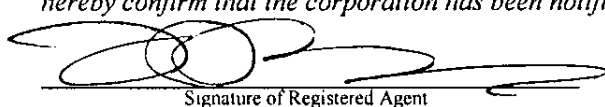
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Giuseppe Coniglione  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

1/23/18  
Date

If signing on behalf of an entity:

DAVID P. REINER II

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*